MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. | **FILING DATE**

APPLICANT(S) 10/520723

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1							51						
2		1						52						
3		1						53						
4		1						54						
5		1						55						
6								56						
7								57						
8								58						
9								59						
10		1						60						
11								61						
12		1						62						
13		1						63						
14		1						64						
15								65						
16	1							66						
17		1						67						
18								68						
19		1						69						
20								70						
21		1						71						
22		1						72						
23		1						73						
24		1						74						
25		1						75						
26								76						
27								77						
28								78						
29								79						
30								80						
31								81						
32								82						
33								83						
34								84						
35								85						
36								86						
37								87						
38								88						
39								89						
40								90						
41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	2							TOTAL IND.						
TOTAL DEP.	23							TOTAL DEP.						
TOTAL CLAIMS	25							TOTAL CLAIMS						

PTO - 1360 (REV. 11/04)